U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only			
AUG	19	2005	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 4887	2 Fiscal Year Covered From	
	1/1/2004 Through 17/31/2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name David - M Langford	Name 11tility Workers Union of America AFL-C10 Labor Organization File Number 000039	
PO Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 2811 S. Otter Creek Rd	Street 815 16th St, NW	
city La Salle	city Washington	
State M 1 ZIP Code +4 48145	State DC ZIP Code + 4 2000 lp	
5 Position in labor organization EXECUTIVE VILE President		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name			
Trade Name if any			
PO Box Bldg Room No if any			
	7 b Amount		
Street			
City			
State ZIP Code + 4			

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15 Signature and vertication. The undersigned declares, under penalty of Penulty and other applicable penalties of the law, that all of the information			
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the			
undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)			

Signed David M Logger

on 8-3-05

734-243-6511

Date

Telephone Number

or from any labor relations consultant to an employer any p		
13 a Name and address of Employer or Labor Relutions Consultant (including trade name if any)		14 a Nature of payment.
Name	 +	
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City		
State ZIP Coce + 4		
13 b is the Business an Employer or Consultant	?	14 b Amount of payment.